

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filer)

2 Total pages filed

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Angela

NICKNAME

LAST

SUFFIX

Collins

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

11715 Kenzie Ct. Meadows Place, TX 77477

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 832 ) 464-8577

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Julia

NICKNAME

LAST

SUFFIX

Harvey

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

12010 Alston Dr. Meadows Place, TX 77477

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 832 ) 684-9972

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

1

16

2025

THROUGH

Month

Day

Year

4

3

2025

11 ELECTION

ELECTION DATE

Month

Day

Year

5

3

2025

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fort Bend ISD Board of Trustees, Position 3

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID: (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 456.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3552.86

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 5261.20

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 453.59

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 3190.00

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Angela Collins*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_  
20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Angela Collins, and my date of birth is 9/29/1978  
My address is 11715 Kenzie Ct Meadows Place TX 77417 USA  
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas, on the 3 day of April, 2024  
(month) (year)

*Angela Collins*

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3552.86
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 456.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 3190.00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5261.20
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Angela Collins

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Tia Baker

7 Amount of contribution (\$)

6 Contributor address:

City:

State:

Zip Code

200.00

11510 Scottsdale Meadow Place, TX 77477

8 Principal occupation / Job title (See Instructions)

Bus. Dev.

9 Employer (See Instructions)

LJA

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

3/27/2025

Karen Hargraves

Contributor address:

City:

State:

Zip Code

100.00

12011 Meadowdale Meadows Place, TX 77477

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

2/27/2025

Kennedy Usoro

Contributor address:

City:

State:

Zip Code

100.00

39 Candence Ct Richmond, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

3/28/2025

Diane Hiatt

Contributor address:

City:

State:

Zip Code

100.00

12107 Meadowhollow Dr. Meadows Place, TX 77477

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Angela Collins

3 Filer ID: (Ethics Commission Filers)

4 Date

3/20/2025

5 Full name of contributor

Meghan Skemp

out-of-state PAC (ID#)

7 Amount of contribution (\$)

300.00

6 Contributor address:

City:

State:

Zip Code

12222 Dorrance Ln Meadows Place, TX 77477

8 Principal occupation / Job title (See Instructions)

Strategis Env Consulting

9 Employer (See Instructions)

AIH

Date

1/31/2025

Full name of contributor

Henrietta Brink

out-of-state PAC (ID#)

Amount of contribution (\$)

25.00

Contributor address:

City:

State:

Zip Code

12214 Meadowberry Meadows Place, TX 77477

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

United Healthcare

Date

1/31/2025

Full name of contributor

Tiffany Garcia

out-of-state PAC (ID#)

Amount of contribution (\$)

250.00

Contributor address:

City:

State:

Zip Code

19227 S. Cottonwood Green Ln. Cypress, TX 77433

Principal occupation / Job title (See Instructions)

HR

Employer (See Instructions)

AmTex

Date

2/1/2025

Full name of contributor

Angela Collins

out-of-state PAC (ID#)

Amount of contribution (\$)

352.00

Contributor address:

City:

State:

Zip Code

11715 Kenzie Ct. Meadows Place, TX 77477

Principal occupation / Job title (See Instructions)

Data Mgmt Coord

Employer (See Instructions)

AIS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#)

7 Amount of contribution (\$)

2/1/2025

Michelle Cockrum

6 Contributor address,

City,

State,

Zip Code

Meadows, Place, TX 77477

50.00

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

2/5/2025

Casey Collins

Contributor address,

City,

State,

Zip Code

11715 Kenzie Ct. Meadows, Place, TX 77477

96.62

Principal occupation / Job title (See Instructions)

Wrecker

Employer (See Instructions)

Imperial

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

2/6/2025

Meghan Skemp

Contributor address,

City,

State,

Zip Code

Dorrance Meadows Place, TX 77477

100.00

Principal occupation / Job title (See Instructions)

Strategic Env. Consulting

Employer (See Instructions)

All4

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

2/11/2025

Tayna Taylor

Contributor address,

City,

State,

Zip Code

Monticeto Meadows Place, TX 77477

50.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2025

Forms provided by Texas Ethics Commission

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

Angela Collins

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Tia Baker

7 Amount of contribution (\$)

6 Contributor address;

City;

State;

Zip Code

200.00

11510 Scottsdale Meadow Place, TX 77477

8 Principal occupation / Job title (See Instructions)

Bus. Dev.

9 Employer (See Instructions)

LJA

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

3/27/2025

Karen Hargraves

Contributor address;

City;

State;

Zip Code

100.00

12011 Meadowdale Meadows Place, TX 77477

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

2/27/2025

Kennedy Usoro

Contributor address;

City;

State;

Zip Code

100.00

39 Candence Ct Richmond, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

3/28/2025

Diane Hiatt

Contributor address;

City;

State;

Zip Code

100.00

12107 Meadowhollow Dr. Meadows Place, TX 77477

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Revised 1/1/2025



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Angela Collins

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/2025

5 Full name of contributor

Evan St. Germain

out-of-state PAC (ID#)

6 Contributor address

City

State

Zip Code

12222 Meadowdale Dr. Meadows Place, TX 77477

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

FBISD

Date

4/2/2025

Full name of contributor

Katherine Samuel

out-of-state PAC (ID#)

Contributor address

City

State

Zip Code

11543 Mullholland Dr. Stafford, TX 77477

Amount of contribution (\$)

40.00

Principal occupation / Job title (See Instructions)

Emergency Mgmt Ops Coordinator

Employer (See Instructions)

SETRAC

Date

4/2/2025

Full name of contributor

Lori Oliver

out-of-state PAC (ID#)

Contributor address

City

State

Zip Code

714 W Greenbelt Sugar Land, TX 77498

Amount of contribution (\$)

96.62

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/12/2025

Full name of contributor

Michael Treybig

out-of-state PAC (ID#)

Contributor address

City

State

Zip Code

811 Sandpiper Dr Sugar Land, TX 77478

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Angela Collins

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/2025

5 Full name of contributor

Rebecca Whitacker

out-of-state PAC (ID#)

7 Amount of contribution (\$)

100.00

6 Contributor address:

City:

State:

Zip Code

Stafford, TX 77477

8 Principal occupation / Job title (See Instructions)

Credit Specialist

9 Employer (See Instructions)

RediCarpet

Date

3/30/2025

Full name of contributor

Paul Harvey

out-of-state PAC (ID#)

Amount of contribution (\$)

50.00

Contributor address:

City:

State:

Zip Code

12010 Alston Dr. Meadows, Place, TX 77477

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/2025

Full name of contributor

Michael Rogers

out-of-state PAC (ID#)

Amount of contribution (\$)

20.00

Contributor address:

City:

State:

Zip Code

12307 Scarcella Ln Meadows Place, TX 77477

Principal occupation / Job title (See Instructions)

Foreman

Employer (See Instructions)

Downhole Pipe & Equipment

Date

4/1/2025

Full name of contributor

Jennifer Aguirre

out-of-state PAC (ID#)

Amount of contribution (\$)

40.00

Contributor address:

City:

State:

Zip Code

12022 Alston Dr Meadows Place, TX 77477

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

GM Appliance and Repair

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME Angela Collins		3 Filer ID: (Ethics Commission Filers)
4 Date 2/21/2025	5 Full name of contributor Kelle Mills out-of-state PAC (ID# _____) 6 Contributor address: City: State: Zip Code Scottsdale Meadows, Place, TX 77477	7 Amount of contribution (\$) <b>77.20</b>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 2/22/2025	Full name of contributor Julie Ibarra out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code Monticeto Meadows Place, TX 77477	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) FBISD
Date 3/8/2025	Full name of contributor Meghan Skemp out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code Dorrance Meadows Place, TX 77477	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Strategic Env. Consulting		Employer (See Instructions) All4
Date 3/9/2025	Full name of contributor Jennifer Cano out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code Monitceto Meadows Place, TX 77477	Amount of contribution (\$) <b>23.79</b>
Principal occupation / Job title (See Instructions) AR Manager		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1 4

2 FILER NAME

Angela Collins

3 Filer ID: (Ethics Commission Filers)

4 Date

3/15/2025

5 Full name of contributor

Brian Frame

out-of-state PAC (ID#)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

Meadow Trail Meadows Place, TX 77477

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/18/2025

Full name of contributor

Kristen Mahand

out-of-state PAC (ID#)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Meadows Place, TX 77477

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

FBISD

Date

3/19/2025

Full name of contributor

Katherine Samuel

out-of-state PAC (ID#)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

Stafford, TX 77477

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SETRAC

Date

3/25/2025

Full name of contributor

Lisa Martens

out-of-state PAC (ID#)

Amount of contribution (\$)

23.64

Contributor address;

City;

State;

Zip Code

21611 Park Bend Dr. Katy, TX 77450

Principal occupation / Job title (See Instructions)

Acct. Mgr.

Employer (See Instructions)

Champion Processes, Inc

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

**Angela Collins**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/12/2025**

5 Full name of contributor

**Joe Casler**

out-of-state PAC (ID#)

6 Contributor address;

City;

State;

Zip Code

**7322 LaGranada Houston, TX 77083**

7 Amount of contribution (\$)

**50.00**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

Date

**3/13/2025**

Full name of contributor

**Leshundra Scott**

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

**1834 Fall Meadow Dr. Missouri City, TX 77459**

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

**Media**

Employer (See Instructions)

**Bottomline**

Date

**3/13/2025**

Full name of contributor

**Alfred Ortiz**

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

**12222 Meadowhollow Dr. Meadows Place, TX 77477**

Amount of contribution (\$)

**96.62**

Principal occupation / Job title (See Instructions)

**Owner/Operator**

Employer (See Instructions)

**TX Turf Co.**

Date

**3/15/205**

Full name of contributor

**Angela Collins**

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

**11715 Kenzie Ct Meadows Place, TX 77477**

Amount of contribution (\$)

**1.37**

Principal occupation / Job title (See Instructions)

**Data Mgmt. Coordinator**

Employer (See Instructions)

**AIS**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out of state PAC, please see instruction guide for additional reporting requirements.

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2

3 Filer ID (Ethics Commission Filers)

\$	456.00
----	--------

9 In-kind contribution  
description

☐ Check if travel outside of Texas. Complete Schedule T.

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

☐ Check if travel outside of Texas. Complete Schedule T.

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

## SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E
2 FILER NAME Angela Collins		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 2/3/2025 1/28/2025 3/28/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Angela Collins	9 Loan Amount (\$) 590.00
6 Is lender a financial institution? Y N	8 Lender address, City, State, Zip Code 11715 Kenzie Ct Meadows Place, TX 77477	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Data Mgmt Coord.		13 Employer (See Instructions) AIS
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address, City, State, Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Kimberly Francis	Loan Amount (\$) 2600.00
Is lender a financial institution? Y N	Lender address, City, State, Zip Code 12010 Blair Meadow Meadows Place, TX 77477	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address, City, State, Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Angela Collins	3 Filer ID (Ethics Commission Filers)
4 Date 2/19/2025	5 Payee name Capitol Grille	
6 Amount (\$) 12.72	7 Payee address, The State Capitol	City: Austin, TX State: Zip Code:
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Food Exp	(b) Description Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/3/2025	Payee name Chester Machen	
Amount (\$) 700.00	Payee address, 1423 Brambleberry	City: Sugarland, TX 77498 State: Zip Code:
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other/Transportation Expense	Description Transporation Equip.Pickup/Delivery install signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/8/2025	Payee name Shell	
Amount (\$) 20.00	Payee address, Sugar Land , TX	City: State: Zip Code:
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Expense	Description Drinks and snack for block walking
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Angela Collins		3 Filer ID (Ethics Commission Filers)	
4 Date 3/31/2025		5 Payee name Chester Machen			
6 Amount (\$) 1250.00		7 Payee address: 1423 Brambleberry		City: Sugar Land, TX	State: TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Transportation/CL Expense		(b) Description pickup delivery of signs, install 4x4 Signs	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/31/2025		Payee name Dollar Tree			
Amount (\$) 8.12		Payee address: Sugar Land, TX		City:	State: Zip Code
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other Expense		Description Sign supplies	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/7/2025		Payee name Chester Machen			
Amount (\$) 500.00		Payee address: 1423 Brambleberry		City: SugarLand, TX	State: Zip Code 77498
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other Expense		Description Transporation Equip.Pickup/Delivery install signs	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME Angela Collins		3 Filer ID (Ethics Commission Filer)	
4 Date 3/17/2025		5 Payee name TX GOP Store			
6 Amount (\$) 698.62		7 Payee address; City: State: Zip Code 1810 Afton Houston, TX			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Ad Expense		(b) Description 4x4 Signs		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 2/6/2025		Payee name 48 Hr Print			
Amount (\$) 151.77		Payee address; City: State: Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Ad Expense		Description Banner		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 1/22/2025		Payee name Vista Print			
Amount (\$) 157.54		Payee address; City: State: Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Ad Expense		Description Business Cards and Pens		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Angela Collins	3 Filer ID (Ethics Commission Filers)
4 Date 2/8/2025	5 Payee name 24hourwristbands.com	
6 Amount (\$) 394.85	7 Payee address:  City: State: Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Ad Expense	(b) Description Yard sign and stakes
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/15/2025	Payee name Catdi.com	
Amount (\$) 403.50	Payee address: 8019 W. Grand Pkwy S. Richmond, TX 77407 City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Ad Expense	Description Push Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/14/2025	Payee name Talyard Brewery	
Amount (\$) 113.92	Payee address: 1033 Imperial Blvd. City: State: Zip Code Sugar Land, TX 77498	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Expense	Description Yard signs and stakes
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1		2 FILER NAME Angela Collins		3 Filer ID (Ethics Commission Filers)	
4 Date 2/10/2025		5 Payee name TX GOP Store			
6 Amount (\$) 426.93		7 Payee address: 1810 Afton		City: Houston, TX State: Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad Expense		(b) Description Yard Signs		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date 2/6/2025		Payee name 48 Hr Print			
Amount (\$) 151.77		Payee address:		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Expense		Description Banner		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date 1/22/2025		Payee name Vista Print			
Amount (\$) 157.54		Payee address:		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Expense		Description Business Cards and Pens		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				

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